

Check One Box Enrollment Cancellation Change

AUTHORIZATION FOR AUTOMATIC DEPOSITS - CREDITS

Please Print:

Name (Last) _____ (First) _____ SS# _____ - _____ - _____

Bank Name _____ Bank Routing No. _____ Account Number _____ Checking Savings

I hereby authorize the Board of Education of Allegany County to deposit my net salary to my checking or savings account described above and for _____ to credit the same to my account.
(employee's bank)

This Authorization Agreement is to remain in full force and effect, and may not be terminated by me.

In the event that the Payroll Department notifies the Bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank named above to return said funds to the Board of Education Payroll Department as soon as possible.

Signed _____ Date _____